## ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS

## **AFFIDAVIT**

## SWORN STATEMENT REGARDING THE LOSS OR THEFT OF A BIRTH OR DEATH CERTIFICATE AND REQUEST TO HAVE A RECORD FLAGGED

## **↓** IMPORTANT – PLEASE READ **↓**

Please complete the following statement regarding the loss or theft of a certified copy of the Arizona birth or death certificate listed below. If this loss/theft was reported to the police, please include the name of the police department and the report number.

Attach a legible photocopy of your government issued picture I.D. and the government issued picture I.D. for both parents of the registrant if the registrant is a minor, or the registrant's I.D. if the registrant is an adult (18 or older). Mail the completed affidavit and I.D. to: Office of Vital Records, Attn: Operations Unit, P.O. Box 3887, Phoenix, Arizona 85030-3887.

Name of Person Making Report (Affiant):	
Address:	
City, State, Zip:	
Telephone Number:	
Relationship to Registrant:	
Name on Vital Record (Registrant):	
Date of Birth:	County:
Date of Death:	County:
On,, at	
(Date)	(Location)
( ) copies of the above □ birth certi	ficate, ☐ death certificate, were ☐ lost, ☐ stolen.
(Number of Copies)	
The details of this loss/theft are as follows:	

Based on the above information, I request the Office of Vital Records to place a "flag" on the record corresponding to this lost/stolen document. I understand that this flag will not prevent anyone who is legally eligible to obtain a certified copy of this record from doing so.	
I also understand that the Office of Vital Records may share this information with other government and law enforcement agencies as deemed prudent or necessary to help prevent fraud.	
I swear and affirm under penalty of perjury that the information given in this statement is true and accurate.	
(Affiant's Signature and Date)	